

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90048 025 \*\*\*150.00

DOCUMENT # P92000003154

1. Entity Name

FLORIDA HOMEBUYERS INSURANCE, INC.



Principal Place of Business

192 WILD HORSE DR  
PALM DESERT CA 92211  
US

Mailing Address

192 WILD HORSE DR  
PALM DESERT CA 92211  
US

00012476



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

40490 Desert Creek Ln

3. Mailing Address

40490 Desert Creek Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Rancho Mirage

Rancho Mirage CA

City & State

City & State

CA.

CA

Zip

Country

92270

US

Zip

Country

92270

US

4. FEI Number

65-0378866

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLANZ, REYNOLD L  
2366 LANDINGS CR  
BRADENTON FL 34209

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

40490 Desert Creek Lane

City

Rancho Mirage CA FL

Zip Code

92270

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Reynold L Glanz*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME GLANZ, REYNOLD L  
STREET ADDRESS 9801 GULF DRIVE  
CITY- ST- ZIP ANNA MARIA FL 34216

TITLE D ☐ Delete  
NAME GLANZ, REYNOLD L  
STREET ADDRESS 3607 E BAY DR, UNIT 111  
CITY- ST- ZIP HOLMES BEACH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Reynold L Glanz*

Reynold Glanz

DATE

2/1/05

941

915-1994